CHILD CARE ASSISTANCE: THE BENEFIT OF THE 1990's

by

TERRI L. BOYSEN

B.S., South Dakota State University, 1986

A REPORT

submitted in partial fulfillment of the

requirements for the degree

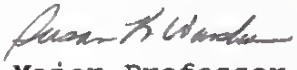
MASTER OF SCIENCE

Human Development and Family Studies

KANSAS STATE UNIVERSITY
Manhattan, Kansas

1989

Approved by:



Major Professor

LD
2668
.R4
HDFS
1989
B69
c.2

A11208 317347

TABLE OF CONTENTS

Introduction.....1

Benefits to the Company Sponsoring Child Care.....5

Child Care as an Employee Inducement.....5

The Impact of Employer Support on the Company.....7

The Early Childhood Program.....11

Curriculum and Play Equipment.....12

Staff.....14

Physical Environment.....22

Health and Safety.....24

Nutrition and Food Service.....26

Options Available to Companies.....26

Create New Services.....27

Financial Assistance Programs.....43

Information Programs.....48

Flexible Personnel Policies.....55

Making Child Care Decisions.....57

Establish a Task Force.....61

Conducting a Needs Assessment.....61

Analysis and Decision Making.....63

Summary.....63

Appendix A.....65

Appendix B.....66

Appendix C.....67

References.....70

Introduction

It is 7:15 am, Monday. Mark and Tami Miller rush about their home trying to get ready for work and getting Ashlee, three years old, and Paul, six months old, up, fed, and dressed. The Millers complete the morning routine and then drive to the child care center the children began attending a month ago. Both children cry as their parents leave to go to work. During the next nine to 10 hours Tami and Mark wonder about Ashlee and Paul. Mark keeps thinking about the previous child care center; he felt so much better leaving the children there.

Variations of the above scenario are occurring throughout the United States as a result of changes in the contemporary American family. The number of dual-career and single-parent families has increased. In 1987, 57% of married women with children under six were in the labor force, 20% more than in 1975 (Bureau of Labor Statistics, 1988). The number of single-parent families is also projected to grow as the divorce rate increases (Friedman, 1986b).

Traditional sources of child care are becoming less available. Child care provided by family members is generally not available because of small family size and relatives who must also work or who live far away (Friedman, 1983, 1986c). These changes mean more and more parents are

seeking convenient, affordable, and quality child care. The outcome of the search will influence the children, parents, and employers. Success in the search will benefit all involved, and everyone loses when child care arrangements are unsuccessful.

Other countries have already realized the impact of work and families. Sixty-seven countries, including all developed countries except the United States, provide a tax-free supplement ranging from $300 to $600 per year to all adults who are rearing children (Kamerman, 1980). These cash benefits are provided through the social security system to replace wages. Like the United States, many countries have dependent tax exemptions; however, tax exemptions typically are of value only to those persons with high taxes and, therefore, high incomes (Kamerman, 1980).

Unlike the United States, most European countries, after childbirth, guarantee job protection, seniority, and pension entitlement for three months to three years, depending on the country, with the average range between six months to one year. Also European children, three to six years old, may attend free public preschool which covers the normal school day (Kamerman, 1980).

Sweden appears to offer the most comprehensive child care package to its citizens. Nearly 90% of all Swedish women work. However, Swedish social policy ensures that

children and parents remain together during the children's infancy, during illness, when adapting to child care, and at other times of need (Bureau of National Affairs [BNA], 1986). Swedish social policy provides a 12-month, fully-paid maternity leave with the option to receive 70% of salary for an additional six months. This lengthy maternity leave reduces the need for infant care and reduces or eliminates the most expensive form of child care (Janeway, 1988). Parents of children under 12 years of age receive a joint total of 60 days to care for sick children at home, two paid weeks to place the child in child care or to change child care arrangements, and two days per child per year to visit the child's school or child care. Parents with children under eight also have the option to work six hours per day with only a pay reduction (BNA, 1986).

France provides 16 weeks maternity leave during which mothers receive 84% of their regular pay. Young children are cared for in public nurseries which are supplemented by licensed "mothers' assistances". Older children attend public preschools. Child care is an accepted and valued part of life for French families with or without mothers in the labor force (Janeway, 1988).

Britain appears to be in a situation similar to the United States. Cuts in child care programs have been made, and very few nursery schools or day nurseries are available.

In addition, child care staff have less than desirable training according to Janeway (1988).

Canada is moving toward expanding the availability of child care for all who desire it. In the next seven years, $5.4 billion will be provided by the federal government with a one to three matching by the provinces. The specific purpose of the money will be determined by the needs of each province (Janeway, 1988). In addition, as women's participation in the labor force increases, Canadian businesses are beginning to support child care. Employer-supported child care benefits and options are the same type as in the United States (Mayfield, 1985).

Employers in this country are just beginning to realize what other developed countries have known for some years, that work and family life are interwined. The United States Chamber of Commerce believed child care to be the fastest growing benefit of the 1980's while Employee Benefits Research Institute expects child care to be the benefit of the 1990's (Friedman, 1986c).

This report summarizes the benefits to the company sponsoring child care, the components of a quality early childhood program, the child care assistance options available to the company, and the process of selecting the child care option. In addition, a needs assessment designed by the author is included for companies considering child

care assistance.

Benefits to the Company Sponsoring Child Care

Child Care as an Employee Inducement

Between now and the year 2000 a dramatic shortage of employees is expected (Bloom & Steen, 1988). In some urban areas, businesses are already finding it difficult to recruit new employees. According to Bloom and Steen, the decreasing labor force participation rate is due largely to the small baby-bust generation that is moving into the labor market.

Bloom and Steen (1988) suggested that the labor force participation rate could be increased by attracting more women to go to work outside the home. In 1990 an estimated 65% of the people entering the work force will be female (Friedman, 1986a). In 1985, 49% of preschool children had mothers in the workforce, and estimates for 1995 are that 65% of preschool children will have mothers working outside the home (Children's Defense Budget, 1988).

American families are changing; today only 11.2% of American families fit the typical American family mold of the 1950's and 1960's, i.e., a male breadwinner with the mother at home with their 2.6 children (Friedman, 1983). According to the Women's Bureau of the Department of Labor (cited in BNA, 1986), the working mother is now the rule rather than the exception. Burud, Aschbacher, and McCroskey

(1984) reported that 60% of all families are dual-career families. These statistics suggest that more and more families are finding it an economic necessity for both parents to work.

Increases in separation and divorce rates have led to an increase in the number of single-parent families (BNA, 1986). There were over 6.6 million single parent families reported in 1984 (Burud et al., 1984) and that figure appears to continue to rise.

The Children's Defense Budget (1988) reported that more than 200,000 mothers of young children not in the labor force turn down job offers each month due to child care difficulties. To attract these women into the work force that is in need of laborers, provisions for children must be considered. Letty Cottin Pogrebin, Ms magazine's senior editor, finds child care provisions to have remained nearly stagnant in the last 20-25 years (Singer, 1987).

Fewer options in child care may exist today than in the past. For example, because families today have fewer children than in the past, there are fewer older siblings to care for younger siblings. In addition, our society has become more mobile. For this reason, families are unable to rely on the extended family for child care (Friedman, 1985). However, if the extended family is present, they may have their own careers to attend to and offer little child care

assistance. Because of inflation and cutbacks in federal funding for child care, the demand for child care is increasing while the supply of services is decreasing (Friedman, 1985).

The need to attract employees during a worker shortage, the increase in women with children in the workforce, and the lack of child care options has created more and more pressure on companies to provide child care assistance.

Employer child care assistance has grown dramatically during the 1980's. In 1982, approximately 415 companies supported child care (Burud et al., 1984); in 1988 Dana Friedman (cited in Quinn, 1988) reported approximately 3000 companies were providing child care assistance to their employees. The Employee Benefit Research Institute expects child care to be the fringe benefit of the 1990's (Dilks & Croft, 1986; Friedman, 1986a).

Employers are beginning to realize that if they ignore their employees' family needs, they will be ignoring significant concerns of an increasingly large portion of their work force--dual career and single parent families both of whom are responsible for their children and their careers (Friedman, 1983).

The Impact of Employer Support on the Company

Companies who have become involved in sponsoring child care assistance generally hope to report increased

recruiting, morale, productivity, and quality and decreased accident rates, absenteeism, tardiness, and turnover (Friedman, 1986a).

Several companies have documented the benefits of supporting child care. One of these companies is Control Data Corporation in Minneapolis, Minnesota. Control Data along with other Minneapolis businesses established a consortium center, Northside Child Development Center, and studied the effects of the center on 90 mothers (BNA, 1984; Burud et al., 1984; Friedman, 1983, 1986a). Significantly lower absenteeism and turnover rates were reported for employees whose children attended the child development center than for employees without children or employees whose children did not attend the center. The average monthly absenteeism rate for employees using the center was 4.4 days per month while nonparticipants averaged 6.02 absent days per month. The average monthly turnover rate was 1.77% for employees participating in the child care program, and 6.3% for nonparticipants.

Another advocate of employer support for child care is Intermedics of Freeport, Texas. Intermedics' on-site child care center reduced employee turnover by 60% two years after the center opened (LeRoux, 1982 cited in Rodriguez, 1983).

Warner Dalhouse, president and CEO of Dominion Bankshares Corporation in Virginia, reported their child

care center has reduced absenteeism, tardiness, and turnover, and improved productivity, quality of recruiting options, morale, and corporate image (Dilks & Croft, 1986).

Similar effects of employer-supported child care are documented throughout the nation. In three national surveys of employers that provide child care services, company personnel believed the child care service to have had positive effects on a number of productivity measures such as recruitment, retention, worker satisfaction, public relations, absenteeism and turnover (Friedman, 1986a). A summary of the National Employer Supported Child Care Survey is provided in Appendix A. Burud (cited in BNA, 1984) suggested that few companies have done cost-benefit analysis of their child care programs because it has been so good for the companies that they do not measure the benefits. Much of the research appears to have focused on on-site child care; additional research on the effects of other child care options is needed.

To provide information about employees' child care needs Emlen and Koren (1984) surveyed over 8000 employees from 22 companies in Portland, Oregon. They found 59% of women with children under 12 had difficulties locating child care, and the women with children under 12 missed approximately 12 work days per year. Emlen and Koren concluded that family structure and ability to make child

care arrangements have an impact on the workplace in terms of absenteeism and stress. To meet employees' child care needs, Emlen and Koren suggested employees, providers, planning agencies, United Way agencies, and public funding agencies need information about employees' needs, available resources, child care demands, and location to develop additional resources.

Child care as a tax deductible business expense. Any form of child care provided by an employer is tax deductible as a business expense. Expenditures to provide child care services to employees are deductible as ordinary and necessary business expenses when the business is benefitted by reducing employee absenteeism and turnover (Friedman, 1986b). Companies may also contribute up to 10% of their taxable income to qualifying tax-exempt organizations and deduct these contributions from taxable income (Friedman, 1986b).

Start-up costs incurred before the child care center's opening may be amortized during a period of not less than five years. Advertising, employee training, consultant salaries, and investigating expenses such as the analysis of available facilities, products, or transportation may also be amortized. The costs of acquiring, constructing, and rehabilitating property or purchasing equipment for the child care program can be deducted during a five-year period

under the accelerated cost recovery system of depreciation (Friedman, 1986b).

The Early Childhood Program

If companies are to receive the benefits from supporting child care, the child care must be a quality program. A study of employer-supported child care centers that failed revealed that a major reason for their failure was that the parents did not believe the center was providing quality care (Employee Relations Bulletin, 1987). Although child care centers and family day care homes may be licensed, a license does not ensure quality. The purpose of licensing is to prevent abuse, neglect, and illness (B. Briggs, personal communication, September, 1987). Licensing guarantees only minimium requirements; quality child care goes beyond those requirements. Accreditation by the National Assocation for the Education of Young Children (NAEYC) indicates a high quality program.

The quality of a child care program is based on: 1) the daily experiences of the children and their families; 2) the staffing practices that establish hiring procedures, staff qualifications and staffing structure; and 3) the type of environment that supports the program, including program administration, physical environment, health and safety, and nutrition and food service (NAEYC, 1986).

The following is a description of the characteristics

that a quality program for infants (birth to 12 months), toddlers (12 to 36 months), and preschool children (3 to 5 years) would possess. The curriculum, staff, physical environment, health and safety, and nutrition and food service factors are reviewed.

Curriculum and Play Equipment

According to the criteria for accreditation by the National Association for the Education of Young Children (NAEYC) (Bredekamp, 1986), the curriculum goals in early childhood programs are to encourage children to be actively involved in the learning process, to experience a variety of developmentally appropriate activities and materials, and to pursue their own interests in the context of life in the community and the world. The curriculum should promote children's cognitive, physical, social, and emotional development through an integrated approach (Bredekamp, 1987). Realistic curriculum goals are based on teachers' observations of each child's interests and needs. Because much of children's learning occurs through their own directed play activities, teachers should prepare the environment for children to learn through active exploration and interaction with adults, other children, and materials. Active learning is important; therefore, activities should be concrete, real, and relevant to young children's lives (Bredekamp, 1987).

A wide variety of activities should be provided to meet all children's needs, and activities should challenge the children. Children should have free choice of activities, and teachers should encourage children's creativity with the materials. A balance of indoor/outdoor, quiet/active, individual/small group/large group, large muscle/small muscle, and child-initiated/staff-initiated activities should occur daily. Multicultural and nonsexist experiences, materials, and equipment should be provided to enhance each child's self-esteem, to support the integrity of the family, to extend the children's experiences, to enrich the lives of all children in the program by accepting and appreciating the differences and similarities among people, and to enhance the children's learning process (Bredekamp, 1987).

In quality programs, teachers plan transitions to help the day flow smoothly, and teachers should be flexible and willing to change their lesson plans according to the children's cues.

Infants' and toddlers' learning occurs through sensory experiences (seeing, hearing, tasting, smelling, and feeling), through physical movement in the environment, and through social interaction (Bredekamp, 1987). Teachers should create opportunities for children to use their senses, to move about in the environment, and to socially interact with other children and adults in the program.

Infants are in Erikson's first stage of trust versus mistrust. Warm, positive interaction and adults who meet the infants' needs help the infants establish basic trust.

Toddlers are developing autonomy and independence. Teachers should help children acquire independence through self-help skills such as toileting, feeding, and dressing. These routines appear to be a significant portion of the toddlers' curriculum. Teachers should also provide many opportunities for children to make their own choices; allowing children choices provides toddlers with a sense of control in their lives.

Preschool children are moving out of the sensorimotor stage to preoperational level of thinking. These children still require very concrete experiences. Therefore, children should be provided with numerous hands-on activities to explore the world in which they live. Preschool children are also in Erikson's initiative versus guilt stage. Children at this stage initiate new activities with excitement and eagerness. To meet the needs of this stage the curriculum should allow children the freedom to explore, to act, and to do.

Staff

Teacher-child interactions. The goal of teacher-child interactions according to the NAEYC accreditation criteria is to provide opportunities for children to develop an

understanding of self and others. Interactions should be characterized by warmth, personal respect, individuality, positive support, and responsiveness. Interactions between children should be encouraged by teachers to promote social skills and cognitive growth (Bredekamp, 1986).

In quality programs teachers should interact frequently with all children and show children respect, acceptance, and comfort for the children regardless of behavior (Bredekamp, 1987). Positive techniques of guidance including redirection, prevention of potential problems, positive reinforcement, and encouragement should be used by teachers. Children should be aware of the rules in a quality child care program; rules should be consistent, clear, and should be kept to a minimum. Competition, comparison, criticism, and corporal punishment are prohibited in quality child care (Bredekamp, 1986). Frequent interactions of respect, acceptance, and comfort along with positive discipline techniques appear to strengthen children's self-esteem, self-image, and self-worth.

The environment should be characterized by pleasant conversations, laughter, and excitement. Teachers should be engaging in conversation with individual children, asking open-ended questions to promote creative thinking, and facilitating but not dominating in children's play. Teachers should encourage developmentally appropriate

independence in children; they should also recognize developmental social differences and adjust their expectations for each child's level of functioning. Children should be encouraged to verbalize feelings and ideas, and teachers should help preverbal children label their feelings. Through teachers' modeling and encouragement, children will begin to develop cooperation and prosocial behaviors among themselves (Bredekamp, 1986).

Teachers should be responsive to children's needs, desires, and messages, and their responses should vary with the child's age. For example, teachers should respond immediately to infants in distress; the response should be warm and soothing. They should also respond appropriately to infants' vocalization, manipulation of objects, and movements since these are infants' ways of communicating (Bredekamp, 1986). Teachers should hold and touch infants frequently, talk and sing in a friendly voice, smile, and maintain eye contact (Bredekamp, 1987).

Teacher-child interactions with toddlers are characterized by remaining near the children and giving attention and physical comfort as needed. Teachers should repeat children's words, paraphase, or use synonyms or actions to help assure toddlers they are understood (Bredekamp, 1987).

Teachers' responses to preschool children are typically

more verbal and less physical. Positive responses and interest in children's actions are important characteristics for teachers of preschool children (Bredekamp, 1986). Teachers should make an effort to interact or converse with each child each day.

Communication with children of all ages is facilitated by maintaining eye contact and the teachers' positioning at the children's level. Modeling and nonverbal communication should compliment verbal messages (Bredekamp, 1986).

Teacher-parent interactions. In quality programs parents are well-informed about the program. This information comes in the form of written descriptions of the program's philosophy and operating procedures. Regular newsletters, bulletin boards, notes and phone calls also provide communication about the program to parents. In addition, a process for orienting children and parents should be included in the program (Bredekamp, 1986).

Parents are viewed as the children's primary source of affection and care, and parents' opinions should be respected (Bredekamp, 1987). Information regarding childrearing practices between the home and the child care program should be shared to minimize potential conflicts and confusion for children (Bredekamp, 1986).

Informal oral and/or written communication should be established to share daily events; parents should also be

encouraged to communicate about their children to the teachers. Getting to know parents as people also appears to benefit the teachers. After a personal relationship has been established, discussing areas of concern appear to become easier. Formal communication such as parent-teacher conferences should occur at least annually or as requested by parents or teachers (Bredekamp, 1986).

Staffing. The staffing goal in quality child care programs is to provide sufficient staff to meet the needs of children and promote all areas of children's development.

NAEYC recommendations for staff-child ratios within group size are provided in Table 1.

The number of children in a group is limited to facilitate teacher-child interaction and constructive activity among children. Lower staff-child ratios provide frequent personal contact, meaningful learning activities, careful supervision, and immediate care to children in need. Staff consistency is vital for children to develop close, affectionate relationships with teachers (Bredekamp, 1986).

Staff qualifications and compensation. The quality and competence of the staff are the most important determinants of the quality of the child care program (NAEYC, 1986). Therefore, it is critical that the program is staffed by teachers who are trained in child development or early childhood education and understand children's needs

Table 1

Staff-Child Ratios and Group Sizes

Age of children	Group Size							
	6	8	10	12	14	16	18	20
Infants to 12 months	1:3	1:4						
Toddlers 12-24 months	1:3	1:4	1:5	1:4				
2 year olds (24-36 months)		1:4	1:5	1:6*				
2 & 3 year olds			1:5	1:6	1:7*			
3 year olds					1:7	1:8	1:9	1:10*
4 year olds					1:7	1:8	1:9	1:10*
4 & 5 year olds					1:7	1:8	1:9	1:10*

*Smaller group sizes and lower staff-child ratios are optimal. Larger sizes and higher staff-child ratios are acceptable only in cases where staff are highly qualified.

(Bredekamp, 1986; NAEYC, 1986). Staff should be trained specifically for the age of children with whom they work such as infants, toddlers, or preschoolers (Bredekamp, 1986). Burud et al. (1984) reported that the National Day Care Study and other research indicates teachers who are educated in child development or early childhood education regularly engage in more facilitative, comforting, and teaching interactions with children.

Teachers should be required to attend regular in-service training to improve and expand skills in working with children and families. In addition to first aid and CPR training, possible in-service topics could include the following: children's growth and development, planning learning activities, guidance and discipline techniques, health and safety, linkages with community services, communication and relations with families, and detection of child abuse (Bredekamp, 1986).

Early childhood teachers are among the lowest paid in the nation (Burud et al., 1984). Child care providers are paid less per hour than animal caretakers, bartenders, or parking lot attendants (Children's Defense Budget, 1988). It appears that teachers in early childhood education choose to work with young children because they enjoy young children and not because of the monetary benefits or job status.

Low salaries result in high turnover, thus reducing the program's quality (Burud et al., 1984). The Child Care Employee Project (1988 cited in Whitebook and Granger, 1989) reported many communities experience a 40 to 60% annual teacher turnover rate. The Bureau of Labor Statistics (1987, cited in Whitebook and Granger, 1989) reported a 35.2% separation rate for child care workers, excluding nannies, in 1986-1987. Separation rate reflects the people who actually changed job categories, whereas turnover reflects the people who changed jobs within the field (Whitebook and Granger, 1989).

A San Francisco study showed poor compensation to be a key cause of dissatisfaction, turnover, and job stress (Burud et al., 1984). Adequate compensation for teachers' educational level and job responsibilities appears essential for maintaining qualified teachers. Burud et al. (1984) made the following suggestions to companies supporting child care in regard to adequate teacher compensation: 1) pay child care teachers salaries equal to other employees with the same amount of education and training; 2) at least pay child care teachers at a higher rate than the average community child care center; 3) provide child care teachers with benefits; 4) provide regular salary increases; and 5) supplement parent fees with company contributions to finance salaries and benefits.

Physical Environment

The indoor and outdoor physical environment in quality programs fosters optimal growth and development through opportunities for exploration and learning (Bredekamp, 1986). The first priority should always be the children's safety. The environment should provide adequate space for children to move about and not feel crowded; NAEYC accreditation guidelines require a minimum of 35 square feet of indoor space per child and 75 square feet of outdoor play space per child. The environment should be clean, attractive, colorful, and decorated with children's artwork and other pictures at the children's eye level (Bredekamp, 1986).

The room arrangement should allow children to play individually, together in small groups, or in a large group (Bredekamp, 1986). The room arrangement and placement of materials in toddler and preschool classrooms should facilitate interest areas such as block building, dramatic play, art, music, science, math, manipulatives, and quiet book reading (Bredekamp, 1986). In infant programs, space is arranged for children's individual play and for children to have space to roll over and crawl. The area that is the focus of infants' play changes periodically during the day from floor, to strollers, to being carried, to rocking and swinging, and other variations to provide different

perspectives on people and places (Bredekamp, 1987).

Age-appropriate materials and equipment of sufficient quantity, variety, and durability should be accessible to children on low, open shelves (Bredekamp, 1986). Infant toys which range from simple to more complex should be safe, washable and too large for infants to swallow. The infants' toys should be responsive to the children's actions such as bells, busy boards, balls, vinyl-covered pillows to climb on, large beads that snap together, nesting bowls, small blocks, shape sorters, music boxes, and squeeze toys that squeak. Infants' toys also permit infants to grasp, chew, and manipulate them (Bredekamp, 1987).

Toddlers should be provided with many opportunities for active, large muscle play (Bredekamp, 1987). Miller (1985) suggested toddlers participate in simple activities that involve cause and effect relationships, and toddlers should be given opportunities for parallel play. Since toddlers are in Piaget's sensorimotor stage of cognitive development, numerous sensory experiences should be planned.

Preschool children should be provided with opportunities for cooperative play, development of fine motor skills, and a variety of materials and time for children to explore and be creative (Bredekamp, 1987).

The environment should contain both soft and hard elements (Bredekamp, 1986). Softness may be provided

through pillows, carpeting, adult laps on which to cuddle, playdough, water, sand, and fingerpaint (Bredekamp, 1987). Hard elements might include rocking chairs, mirrors, and wooden building blocks.

The outdoor areas should provide a variety of surfaces such as soil, sand, grass, hills, flat areas, and hard-surfaced areas for riding toys (Bredekamp, 1986). The fenced outdoor area should include shade, open space for digging, and a variety of equipment for riding, climbing, balancing, and individual play (Bredekamp, 1986).

Health and Safety

Quality programs protect and enhance the health and safety of the children and adults. All child care centers or family day care homes should comply with state requirements for protection of the health and safety of children in group care (Bredekamp, 1986).

Parents often express concern about their children's health in group settings (Godwin & Schrag, 1988). However, health and safety precautions can be taken to reduce the spread of infectious diseases. Toys that have been in a child's mouth should be removed after their use to be washed and disinfected (Bredekamp, 1987). Limiting the group size, frequent handwashing, adequate outdoor play, and good ventilation all help reduce the occurrence of infections (Godwin & Schrag, 1988). When children are exposed to a

contagious disease, all parents should be informed. Parents should be informed of the policy regarding sick children. Illness policies are typically strictly enforced in child care centers, whereas family day care home providers generally are more willing to care for children with mild illnesses.

Current written health records including medical history, immunizations, allergies, physical limitations, and the name, address, and phone number of each child's physician should be maintained for each child (Bredekamp, 1987; Godwin & Schrag, 1988). A medical authorization form signed by the parents should be available in case emergency treatment is necessary. Parents should be available in emergency situations; parents should also provide the names and phone numbers of two additional people to contact in case of emergency (Godwin & Schrag, 1988).

Accidents are the second most common problem for children in child care (Godwin & Schrag, 1988). One step in preventing accidents, according to Godwin and Schrag, is to maintain a small group size and a ratio which allows adults to closely observe and supervise all children. In addition, the environment must be safe for children--electrical outlets are covered, dangerous substances are out of children's reach, no extension cords are exposed, and the furniture does not possess sharp corners (Bredekamp, 1987;

Godwin & Schrag, 1988). In family day care homes, the home environment becomes the children's environment. Therefore, it is essential that the home be safe for children to avoid unnecessary dangers.

All persons who care for children should have knowledge of first aid and emergency care. An adequate first aid kit and fire extinguisher should be accessible in all child care settings. Adults and children should have frequent fire and tornado drills (Godwin & Schrag, 1988).

Nutrition and Food Service

Children's nutritional needs should be met, and snacks and lunch should promote development in all areas. Food preparation and storage should comply with licensing requirements for nutrition and food service (Bredekamp, 1986).

In addition to providing adequate nutrition, children should be educated about good eating habits (Bredekamp, 1986). Mealtimes should be pleasant, social learning experiences. Teachers of toddlers and preschool children should encourage children to be independent by allowing children to serve and feed themselves. Feeding time for infants should provide an opportunity for warm, affectionate teacher-infant interaction (Bredekamp, 1986).

Options Available to Companies

To help employees with child care, companies can select

from a variety of options. Companies should select the option that uses resources efficiently, yields maximium benefits, and allows for the degree of control and involvement desired in each case. Child care options fall into four major categories: 1) create new services; 2) establish financial assistance programs; 3) provide informational services; and 4) establish flexible personnel policies. Programs are successful when employer, employee, and community perspectives are considered (Burud et al., 1984). Table 2 summarizes the advantages and disadvantages of all child care options discussed.

Create New Services

A lack of quality child care in the community may influence companies to create new services to meet the employees' needs. Options available include on-site centers, off-site centers, family day care homes, and care for sick children.

On-site center. The most widely known employer-supported child care option is the on-or near-site center. On-site centers generally tend to serve the preschool-age group although some centers have expanded services to care for infants, toddlers, and school-age children. On-site centers allow parents to travel to and from work with their children; it also allows parents an opportunity to visit their children during breaks and to be available when

emergencies arise. (Burud et al., 1984) Burud et al. suggested that job concentration may be increased when parents are near to their children.

Fernandez (1986) and Friedman (1986b) contended that company-supported centers may result in higher quality centers since they are associated with the companies. A quality on- or near-site center that cares for all ages of children is an advantageous recruitment tool (Burud et al., 1984; Fernadez, 1986; Friedman, 1986b). A center that cares for infants can be a key in recruiting women back into the labor force after maternity leave. The company also gains a reputation as a caring company (Burud et al., 1984), and the center may generate a positive public image, and morale may improve (Burud et al., 1984; Fernandez, 1986). Friedman (1986b) stated that on-site centers "humanize the workplace for all employees which may help morale" (p.6). Reduced absenteeism and tardiness along with reduced employee stress are also advantages for companies supporting an on-site center (Burud et al., 1984; Fernandez, 1986). The on-site center is also able to accommodate to the parents' work schedules such as early morning, late evening, or weekend shifts (Friedman, 1986b).

Although on- or near-site centers offer several advantages to the company and employees, employers need to be aware of some drawbacks. Since it is a business

consideration, cost is important to the company. On-site child care centers are costly (Burud et al., 1984; Fernandez, 1986; Friedman, 1986b). Child care centers usually require financial contributions or loans, administrative time, and/or in-kind services which adds to the expense of operating an on-site center. In addition, costs of liability insurance must be considered. Because start up costs may be overwhelming, Burud et al. (1984) suggested evaluating the costs over several years. In addition, parent fees should be set to cover the operating expenses. However, the program must remain affordable to parents, or it will be underutilized. For maximium utilization, Burud et al. suggested allowing children from the community into the center.

Two problems with on-site centers which must be addressed are predicting utilization (Burud et al., 1984; Friedman, 1986b) and fluctuating enrollment (Fernandez, 1986). Burud et al. (1984) recommended a thorough needs assessment of the employee needs and community services available. The center should start small and grow with the needs of the parents. Programs should be opened during September and January since they are generally considered to be months of high child care enrollment. Burud et al. (1984) also suggested involving parents in the program planning. This should create a sense of commitment from the parents.

consideration, cost is important to the company. On-site child care centers are costly (Burud et al., 1984; Fernandez, 1986; Friedman, 1986b). Child care centers usually require financial contributions or loans, administrative time, and/or in-kind services which adds to the expense of operating an on-site center. In addition, costs of liability insurance must be considered. Because start up costs may be overwhelming, Burud et al. (1984) suggested evaluating the costs over several years. In addition, parent fees should be set to cover the operating expenses. However, the program must remain affordable to parents, or it will be underutilized. For maximium utilization, Burud et al. suggested allowing children from the community into the center.

Two problems with on-site centers which must be addressed are predicting utilization (Burud et al., 1984; Friedman, 1986b) and fluctuating enrollment (Fernandez, 1986). Burud et al. (1984) recommended a thorough needs assessment of the employee needs and community services available. The center should start small and grow with the needs of the parents. Programs should be opened during September and January since they are generally considered to be months of high child care enrollment. Burud et al. (1984) also suggested involving parents in the program planning. This should create a sense of commitment from the parents.

Another concern with on-site centers is that the needs of all employees may not be met (Friedman, 1986b). Parents may prefer family day care or a child care center located near their homes. Centers which care for preschoolers will not satisfy the employee needs for infant care or after-school programs.

In large metropolitan areas, on-site centers may not be feasible with the parents' use of public transportation (Friedman, 1986b; Verzaro-Lawrence, LeBlanc, Hennon, 1982). Parents also may not use an on-site center if they travel long distances to work. Children may not enjoy riding in the car, and parents may not want to expose their children to rush hour traffic two times a day.

Another possible drawback to on-site centers is the location of the center. Verzaro-Lawrence et al. (1982) advised companies in industrial areas to consider the effects of the hazards of an on-site center. Areas with industrial pollution are not suitable locations for child care centers.

Although concern has often been expressed that child care benefits are unfair to employees without children, Burud et al.(1984) maintained that other employees benefit because their coworkers are more productive and dependable.

Administrative involvement may also be considered a limitation of on-site centers (Burud et al., 1984).

However, companies can choose a variety of options to maintain or decrease company involvement. For example, the center may be operated by a child care chain such as Kinder-Care Learning Centers, a non-profit child care management firm, or a local child care operator (Burud et al., 1984).

The company may also choose to operate the center as a non-profit organization. However, with this option the program must accept children from the community in addition to the employees' children. Non-profit centers may receive resources from non-profit organizations which may reduce company costs (Burud et al., 1984).

To maintain greater control over their centers, companies may establish the center as a company department or as a separate profit-making subsidiary. The differences in the two options involve tax consideration (Burud et al., 1984).

The disadvantages of on-site centers may outweigh the advantages. When this occurs other options should be considered by the company.

Off-site centers. An alternative to on-site centers is an off-site center supported by the company. Like on-site centers, off-site centers offer the advantages of increased productivity, recruitment, and retention, positive public image, and reduced absenteeism and tardiness. Off-site centers are also able to accommodate parents' work

schedules, and companies can potentially influence program quality. Although off-site centers eliminate the hazards of the industrial area, these centers may be underutilized due to the location away from the work site.

For companies who prefer not to have a child care center on-site or risk underutilization, a consortium child care center may fit their needs. Consortium centers provide child care for employees from several companies and community children. A consortium center is a beneficial option for small companies that would have difficulty supporting child care alone (Friedman, 1986b). Companies that are unsure of supporting child care may opt to join a consortium and share the costs and risks with other companies. In addition, in sharing costs, risks, and liability, consortium centers are advantageous since resources from all companies are pooled together (Friedman, 1986b). Consortium child care is also a workable solution for companies in industrial parks, downtown (Burud et al., 1984; Friedman, 1986b) and shopping centers (Friedman, 1986b). This allows the center to be located in a convenient area for all employees (Friedman, 1986b). Because of the large employee population and community access to the center, underutilization of consortium centers' is less common (Arkansas Advocates; Friedman, 1986b; Glasser, 1981).

Criticism of consortium centers occurs when employees' needs are not met. Unmet needs may occur because the center serves community children resulting in too few spaces for employees' children and because some employees prefer a home care setting (Arkansas Advocates). Each participating company must be willing to share control (Arkansas Advocates) and negotiate (Friedman, 1986b) to maintain the center operations.

Family day care homes. In family day care homes typically six or fewer children are cared for in a neighborhood home. Family day care homes are the most commonly used type of child care in the United States (Fernandez, 1986). This is an especially popular option for parents with infants and toddlers (Adolf & Rose, 1985; Auerbach, 1979) and school-age children (Auerbach, 1979).

Reasons for choosing family day care homes vary. Some parents prefer a consistent caregiver or placing their children in a small group setting (Burud et al., 1984). Family day care home providers may also provide transportation to and from school for school-age children. A family day care home setting makes participation in after-school activities more feasible. According to Burud et al., parents may also prefer family day care homes because the location may be close to home, children can play with neighborhood children, and siblings may all be cared for

together. Family day care providers are also more willing to care for children with mild illness (Fernandez, 1986) and to accommodate parents who work late or unusual shifts (Burud et al., 1984).

Although family day care home care is often utilized, working parents do not always consider this the best solution to their child care dilemma (Fernandez, 1986). Family day care homes are often unregulated; Burud et al. (1984) reported approximately 94% of all family day care is neither licensed nor registered in the United States. Even homes that are licensed or registered may provide inadequate care. The quality of day care homes varies greatly, and parents report day care homes to be less reliable than child care centers (Fernandez, 1986).

Companies may opt to support a day care home network or satellite homes (Burud et al., 1984). Day care home networks are composed of a group of individual providers who rely on each other for support, share services and equipment and provide mutual back-up services in emergency situations. The network provides the caregivers with client referral, training opportunities, business skills, substitute caregivers, medical back-up, toy libraries, equipment borrowing, financial assistance for the cost of low income children through Title 20 of the Social Services Block Grant, a subsidized food program through the United States

Department of Agriculture, group purchasing, and insurance coverage (Burud et al., 1984).

As previously mentioned on-site child care centers typically care for preschool children only. An attractive companion to an on-site center is satellite homes to care for children not served in the center. Homes may be located in a variety of locations such as near the company, outlying neighborhoods or local schools. Like a day care home network, providers receive referrals, training, support, and the use of toys and resources. Satellite homes may also be used: 1) to care for moderately ill children; 2) to accommodate families on the child care center waiting list; 3) to accommodate families that prefer small group care; 4) to provide care when center care is not cost effective or feasible such as night shifts, weekends and school vacations; 5) to expand the program beyond the center's capacity; and 6) to meet emergency care needs when the regular caregiver is unavailable (Burud et al., 1984).

Companies may also supply the employee with a list of family day care providers through an information and referral service. Information and referral will be described in greater detail later.

Advantages of family day care homes is the low cost to the company (Arkansas Advocates; Burud et al., 1984; Fernandez, 1986; Friedman, 1986b). Typically, parent fees

are lower at family day care homes than at child care centers (Arkansas Advocates). Companies can increase the supply of family day care homes by recruiting additional caregivers although this is sometimes difficult (Burud et al., 1984). The family day care option works particularly well for companies with several locations (Arkansas Advocates).

The family day care home option possesses some drawbacks that should be considered before selecting this option. The family day care home option results in low company visibility (Burud et al., 1984; Fernandez, 1986). Burud et al. recommended a publicity campaign to increase awareness in the community. Companies who sponsor family day care networks may experience caregiver recruitment difficulties (Arkansas Advocates; Burud et al., 1984). Burud et al. suggested offering company contributions and support services to family day care providers to increase job appeal. Instability of the caregivers may cause additional child care problems; however, this can be overcome by providing back up caregivers (Burud et al., 1984). Friedman (1986b) reported support services along with careful selection will minimize caregiver turnover. Burud et al. (1984) also recommended developing an adequate number of family day care homes to meet the needs of all employee shifts. The variation of quality among family day

care homes is frequently cited as a disadvantage (Arkansas Advocates; Burud et al., 1984; Fernandez, 1986; Friedman, 1986b). Burud et al. (1984) and Friedman (1986b) advocated that homes must be monitored to ensure high quality. Burud et al. also suggested in-service training for caregivers to ensure better quality care.

Child care liability is often a concern, and family day care homes are not exempt from the issue. Burud et al. (1984) suggested that companies should encourage or require caregivers to receive first aid training and parent medical authorization forms. In addition a "contract that delineates the relationship between the company and provider" (p. 189) can protect the company (Burud et al., 1984). The contract should state that the provider will accept financial responsibility for any injury and will obtain a specified amount and type of insurance.

Child care for sick children. Medical studies show young children get between 8 to 10 viral infections a year (BNA, 1986). The seriousness of the illnesses varies which include days when the parent wants to remain with the child, days when the child is moderately ill and the parent would feel comfortable leaving the child in someone else's care, and days when the child is only mildly ill but the regular caregiver will not care for the child (Burud et al., 1984). Caring for a sick child is an almost universal problem for

parents who use child care centers because centers will not accept a child who is ill (Fernandez, 1986). Most child care centers do not accept children into the center when they exhibit particular symptoms of illness. Symptoms typically include a fever, vomitting or diarrhea. Children with contagious illnesses such as strep throat, chicken pox, or pink eye are excluded from nearly all regular child care centers.

A 1985 California survey of members of the Service Employees International Union reported that 60% of its members stayed home when a child was sick (BNA, 1986). Although a parent remaining at home to care for an ill child may be the best alternative for meeting the sick child's needs, in cases of excessive absence, there are negative consequences to both parent and employer. In some cases parents lose their jobs due to high absenteeism (BNA, 1986).

Child care for sick children is an issue that employers are beginning to face (Adolf & Rose, 1985). A Minnesota study found: 1) few services exist for the care of sick children; 2) sick child care is costly for parents since it may involve paying for the regular caregiver as well as the special service; 3) often companies treat professional versus clerical employees differently; and 4) controversy exists among experts as to whether a parent should be home with a sick child (Adolf & Rose, 1985).

To respond to this dilemma, some employers have developed the following policies: employees use their own paid sick leave to care for ill children, employees use their paid personal days to care for ill children, or employees are allowed a specific number of paid days off, in addition to their own sick leave, to care for ill children. The third alternative is becoming increasingly more popular in European countries (Kahn & Kamerman, 1987). Although these options may benefit the employee, they still do not reduce absenteeism.

Employers are beginning to realize that caring for an ill child is a major cause of absenteeism. To meet both employee and employer needs, employers may offer one of the following services: in-home sick care, care for sick children provided in the child care center, or satellite sick child care (Burud et al., 1984; Kahn & Kamerman, 1987).

In-home sick child care provides a trained caregiver to come into the child's own home in the case of illness (Burud et al., 1984; Kahn & Kamerman, 1987). This approach allows the child to remain at home in a familiar, restful environment which is conducive to recovery. The child receives individual attention, and the spread of the illness is minimized (Burud et al., 1984). However, in-home care is costly, and the demand for caregivers is quite unpredictible. In addition, both parents and child may be

anxious about care from an unfamiliar person (Burud et al., 1984).

Another approach is for sick children to be cared for in the child's regular child care center. Companies can support the development of a "get well room" at the center or develop provisions that allow the child with minor illnesses to remain in the regular classroom (Burud et al., 1984). Either option requires medical consultation to establish safe guidelines, staff training workshops, and a restful environment designed to minimize stress and overstimulation. In addition, adequate staff to provide individual attention when necessary, detailed preventative health care practices and procedures, and reliable, effective record keeping for communication between parents and staff are necessities (Burud et al., 1984). This may be a feasible option at a hospital on-site center.

It appears to this author that providing care for sick children in the regular classroom would be extremely difficult due to the need for individual attention and a restful environment. However, Burud et al. maintained that care for sick children in the classroom is possible. The University of North Carolina at Chapel Hill offers care for sick children in a regular classroom. The reasoning behind this approach is that children are contagious before the appearance of symptoms, and excluding children after the

symptoms appear provides little protection. Research from the University of North Carolina showed no increase in the incidence or severity of illness of children in the program. This finding has been supported by other medical research (Burud et al., 1984). According to Burud et al., research also has shown that children regulate their own activity levels when they are recuperating.

According to Burud et al. (1984) advantages of this alternative are that care is available immediately, utilization is more likely since parents and children are familiar with the program and trust the staff, workers are familiar with the children, the environment can be specifically set up to accommodate children with minor illnesses, and back up support is available if necessary. However, state licensing regulations may be unclear or prohibit care for sick children, and many child care centers lack adequate space and staff to provide on-site care for sick children.

Company support for this alternative is most likely financial. However, it appears that companies could not possibly contribute to all child care providers used by employees; therefore, some employees with sick children may not benefit from this approach.

The final alternative is a satellite sick child care program. This program may consist of either family day care

homes or a separate child care center specifically for sick children (Burud et al., 1984). Burud et al. argued that the satellite approach is the least beneficial for children and parents because caring for a child in an unfamiliar environment with unfamiliar staff and unfamiliar children potentially increases stress and anxiety which does not benefit recovery. In addition, serving children in a satellite home or center creates the possibilities of cross-contagion exposing children to new germs when they are least able to combat them.

Overall, providing care for sick children reduces absenteeism (Burud et al., 1984; Fernandez, 1986). Fernandez (1986) contended that of all company benefits, care for sick children would probably offer some of the greatest savings in terms of reduced absenteeism and employee stress. Fluctuating demand and high cost per child are the biggest obstacles to overcome in providing child care for sick children (Burud et al., 1984). However, Burud et al. pointed out that companies could justify the cost of providing child care for sick children by comparing it to the cost of an employee's absence from the company. They also suggested combining care for sick children with other child care services resulting in staff assuming several roles.

Financial Assistance Programs

In a 1987 survey conducted by the American Federation of State, County, and Municipal Employees (AFSCME) 3 in 10 parents reported the child care they could afford was in their opinion not quality child care (Children's Defense Budget, 1987). Burud et al. (1984) reported that the major problem for parents seeking child care is expense. The average cost of full-time child care for one child is $3000 a year (Children's Defense Budget, 1988). Child care is the fourth greatest household expense after rent, food, and taxes for parents who purchase child care (Friedman, 1986b).

Voucher program. To support parents with child care expenses some companies provide financial assistance through a voucher reimbursement program. The employee receives a cash subsidy or the company may directly pay the child care provider (Friedman, 1986b). The reimbursement program will pay for any type of child care--center care, family day care, neighborhood care, or relative care (Burud et al., 1984). To reduce company costs, companies limit eligibility to certain salary levels or ages of children, but these limitations may result in equity problems. However, without the limitations, this is an expensive option (Friedman, 1986b).

The major goal of the voucher program is to reduce rising costs of child care for parents (Arkansas Advocates;

Burud et al., 1984) Parents are given full responsibility for choosing child care which allows parents to select the child care that fits their changing needs (Arkansas Advocates; Burud et al., 1984). However, this option does not ensure that the child care is of high quality. Therefore, companies may be supporting poor programs (Burud et al., 1984). According to Burud et al., a solution to this problem is to set standards for care and educate parents about selecting quality child care. The voucher program with an information and referral service or educational seminars would appear to be an ideal solution; parents would receive education about quality child care and also financial assistance.

The success of a voucher program is determined by the existing care in the community (Arkansas Advocates; Burud et al., 1984; Friedman, 1986b). Burud et al. recommended using the voucher reimbursement option only when a community needs assessment demonstrates that ample quality care is available.

Companies supporting child care through a reimbursement program tend to receive less publicity than companies offering on-site centers (Burud et al., 1984). To increase public awareness Burud et al. suggested a public relations campaign to educate employees and the public about the service.

Vendor program. Some companies may not want to be involved in the child care business or they might not be able to afford the expense of operating a center, but still want to help parents with child care needs. These companies may consider supporting existing child care programs in the community with a financial contribution, in-kind services, or space (Burud et al., 1984). Employees of the companies generally will receive preferential admission and/or reduced child care fees (Fernandez, 1986).

In a vendor program the company will purchase a specific number of child care slots at one or more centers and family day care homes. These reserved slots are then resold to the employee at a reduced fee (Glasser, 1981).

In addition to reducing child care costs and admission difficulties for employees, financial donations from the company may serve to improve the child care to meet employees' needs (Burud et al., 1984). For example, money may be donated specifically to expand services to care for infants and school-age children or hours of operation at the center. Company contributions may also be used to improve the quality of the program.

Vendor program advantages include a low cost, easy to administer program (Burud et al., 1984; Fernandez, 1986; Friedman, 1986b; Glasser, 1981). In addition, the child care business is left to others (Arkansas Advocates; Burud

et al., 1984) and reduces company liability (Arkansas Advocates; Fernandez, 1986; Friedman, 1986b; Glasser, 1981).

However, before starting a vendor program the company must consider the weaknesses. In a vendor program the company has less control over the program (Burud et al., 1984; Fernandez, 1986). The supply of the care remains the same (Burud et al., 1984); therefore, if the vendor program is to be successful, the supply in the community must meet the demand. Vendor systems limit parent alternatives; for employees to benefit they must use the care chosen by the company (Friedman, 1986b). Difficulties also arise when the selected program is filled to capacity (Friedman, 1986b). Although vendor programs tend to enhance community relations (Burud et al., 1984; Fernandez, 1986; Friedman, 1986b) companies receive less publicity with a vendor program (Arkansas Advocates; Burud et al., 1984; Glasser, 1981). However, Burud et al. (1984) recommended a public relations campaign to educate both the employees and the community about the benefits.

Flexible benefit programs. Traditionally employers have tailored their benefit packages to the needs of the male worker who was the sole supporter of the family (BNA, 1986). However with the increase in single parent workers, female workers, and dual career families, these benefit plans may not be applicable. Under a flexible benefit

program the employer provides a range of benefits and permits the employees to select, up to a specific dollar amount, the benefits they desire most. Cafeteria plans allow employers to offer a benefit that will not be used by some workers such as the child care voucher system (BNA, 1984).

Perhaps the greatest advantage of flexible benefit programs is that all employees benefit. Every worker has an opportunity to choose benefits that fit his/her needs (Burud et al., 1984). Mike Romig of the United States Chamber of Commerce, reported that cafeteria plans offer three benefits: 1) they are a tax-effective way of compensating employees; 2) they are cost-effective for the employer; and 3) employees receive the benefits they want (BNA, 1984). In addition, employees are able to change benefits as their needs change (BNA, 1986).

Companies cite administrative costs and the complexities of employees selecting benefits to be drawbacks of flexible benefit programs (Axel, 1985). Another disadvantage is that flexible benefits force single parents to relinquish a necessary benefit such as health insurance for the immediate benefit of child care assistance.

Dependent care assistance plans. Dependent Care Assistance Plans (DCAPS) under Section 129 of the 1981 Economic Recovery Tax Act attempt to make child care more affordable for parents of children under age 15. The

provision makes child care a nontaxable benefit for the employee and a tax-deductible contribution for the employer (Friedman, 1986b). This plan allows employees to reduce their salaries by up to $5000 per year and then deposit that money into a fund from which an employer pays the employees' child care bills using pretax dollars (Kahn & Kamerman, 1987).

Although employees' salaries are reduced, the amount paid in taxes is also reduced (B.A. Briggs, personal communication, March, 1988). The higher the employees' income, the greater the benefit will be because of being in a higher tax bracket. In addition, retirement and social security benefits will be reduced (B.A. Briggs, personal communication, March, 1988). Therefore, what employees gain in reduced taxes in their early parenting years is often offset by the loss of retirement and social security benefits at an older age (B.A. Briggs, personal communication, March, 1988). Like information and referral services and the voucher program, dependent care assistance plans allow parents to select their child care preference. However, the child care need of finding quality, affordable care may not be solved.

Information Programs

Information and referral services. For some employees the most difficult task regarding child care may be locating

the care (Adolf & Rose, 1985; Arkansas Advocates; Friedman, 1986b). The Metropolitian Child Care Project in Kansas City reported parents' greatest need is information on child care (BNA, 1986). Employers can help parents locate the most appropriate type of child care with an information and referral service. According to Friedman (1986b), information and referral services are expected to grow in popularity among employers.

Child care information and referral services provide parents with general information about specific programs such as cost, location, and hours of operation (Burud et al., 1984; Fernandez, 1986). Within the information and referral option, companies may choose to provide only information regarding child care or may offer comprehensive information and referral which provides information on a variety of community services (Burud et al., 1984). Employers may also choose to contract services with an existing community information and referral network, join a consortium referral group, or hire an in-house resource consultant (Glasser, 1981). The information may be made available through the distribution of printed materials, telephone referrals, or personal interviews (Burud et al., 1984).

Information and referral services may be a beginning step in sponsoring child care (Friedman, 1986b), and

Friedman (in BNA, 1986) expects the information and referral option to become increasingly popular with employers. Perhaps this signals an increased awareness among employers. Information and referral may be the beginning step of a needs assessment. Companies can learn about the availability of community services and parents' choice of care through the information and referral service (Friedman, 1986b).

Information and referral staff seek information on all child care services. To be an effective information and referral service, information must be updated frequently; information about the services should include cost, hours, location, curriculum, special services, and availability of local programs (Friedman, 1986b). Additional information to be obtained on each program and parental needs is listed in Appendix B.

Familiarity with the employees' needs helps the consultant match employee expectations with appropriate caregivers. Consultants can become informed of employee expectations through personal interviews (Burud et al., 1984). Information and referral services that offer personal contact between employee and consultant would appear to be more helpful than information and referral services which merely provide written information on available services.

Parents who use information and referral services become educated consumers of child care services (Friedman, 1986b). Friedman suggested that use of information and referral services may reduce absenteeism if child care is satisfactory. However, BNA (1986) reported that information and referral services may not reduce absenteeism because absenteeism is often determined by the quality of the child care. Although information and referral services do provide information on how to select quality care, parents are responsible for selecting the care (BNA, 1986).

Information and referral services are relatively inexpensive (BNA, 1984; Burud et al., 1984; Fernandez, 1986; Friedman, 1986b). An on-site child care consultant is, however, more expensive (Fernandez, 1986). AmeriTrust, a Cleveland bank with about 1300 employees, sponsors CARE, Child Care and Assistance Program, for its employees (BNA, 1986). CARE closely monitors the facilities it recommends. (BNA, 1986) Peter Osenar, vice president for personnel and organization, reported in BNA (1986) that the cost savings to the bank from CARE, looking only at retaining employees who take maternity leave and need child care to return to their jobs, has been 7000 times the annual cost of the program.

Information and referral services are beneficial in that they serve all employees with child care needs and

allow parents to select the care they prefer (Friedman, 1986b). Information and referral can be especially helpful for new parents, new employees, and parents unhappy with their current child care (Fernandez, 1986). Information and referral also works well for companies with multiple sites (Friedman, 1986b).

If the child care supply is lacking, however, companies with information and referral have a moral obligation to create new services (BNA, 1986). When supply of affordable quality child care is lacking, information and referral services may be of little value to employees. When information and referral services indicate a lack of available child care, the company should initiate creating new services, stimulating the supply, or providing start-up funds (Friedman, 1986b). When affordable child care is lacking, companies can support parents with a voucher or vendor program (Burud et al., 1984; Friedman, 1986b). If additional quality programs are in demand, companies may help increase the number of quality centers by offering staff training programs or subsidizing staff salaries to attract and retain qualified teachers (Friedman, 1986b).

Employees who have satisfactory child care arrangements or who do not have a need for child care may not benefit from a child care information and referral service (Friedman, 1986b), whereas a comprehensive information and

referral service might serve all employees' needs at some time. However, a truly comprehensive information and referral service provided in multiple sites may be expensive (Friedman, 1986b).

Catalyst in Adolf and Rose (1985) recommended that employers provide only information and advice and refrain from providing recommendations and endorsements to avoid and reduce liability risks (Adolf & Rose, 1985; Burud et al., 1984). Parents should understand that child care selection is their choice (Adolf & Rose, 1985). A written disclaimer of company responsibility for the child care should be stated on all written materials (Adolf & Rose, 1985; Burud et al., 1984). Adolf & Rose also suggested developing a policy for complaints and informing parents and providers of this policy.

Information and referral services are also subject to liability from providers whom they exclude or delete (Burud et al., 1984). Therefore, Burud et al. suggested that "agencies should use good business judgment, establish standard referral policies, operate in a non-discriminating fashion, and provide a reasonable level of due process such as notice and an opportunity to appeal an exclusion or deletion from referral files" (p. 119).

Parent education seminars. In addition to information and referral services, some companies may opt to provide

information through parent education seminars. These typically lunch time seminars are designed to help employees deal with work and family responsibilities (Burud et al., 1984; Friedman, 1986b). Common topics include time management, stress reduction, selecting high quality child care, finding community resources, childrearing, and instructions on filing for the Dependent Care Tax Credit (Friedman, 1986b).

Offering on-site seminars for working parents is probably the least expensive option for employers (BNA, 1984). The goal of the seminars is to reduce employees' stress from work and family responsibilities. Seminars also allow parents to voice their concerns about child care which may be useful in determining parents' child care needs (Friedman, 1986b). It would appear that parents would get some support knowing that other parents are experiencing similar frustrations. However, Friedman (1986b) cautioned that some employees may feel pressure to respond to these needs.

Burud et al. (1984) suggested seminars may be more beneficial to parents when linked with a direct child care service such as information and referral or a voucher program. Parents' input concerning topics and time of seminars often result in more successful seminars (Burud et al., 1984).

Flexible Personnel Policies

Approximately one-third of all working married people, especially women, find their work schedules excessive or inconvenient (Adolf & Rose, 1985). To address this issue many companies offer their employees flexibility in work arrangements to meet the employees' needs (Arkansas Advocates; Axel, 1985; Burud et al., 1984; Glasser, 1981). Variations offered may include compressed time, staggered hours, flextime, regular part-time, job sharing, variable work hours, task contracting and at-home work (Arkansas Advocates; Glasser, 1981). Compressed time allows employees to work full time with more hours per day and fewer days per week. Employees with staggered hours select their work schedule from a choice of hours. Flextime gives employees a choice of daily starting and stopping times. Regular part-time involves part-day or part-week working hours and prorated pay and benefits. In job-sharing, two or more individuals are responsible for one full-time job. Variable working hours provide employees an opportunity to contract for a block of work and are given the option of hours in which to complete the task. Employees who task contract are responsible for completing work within a given amount of time; the number of hours or particular hours worked is not specified. Working at home allows the employees to fulfill job duties at home. For work at home to be effective,

parents must juggle their work schedule and child care.

Flexible work options benefit all employees rather than just employees with children (Fernandez, 1986). They typically tend to increase productivity (Axel, 1985), reduce absenteeism and turnover (Arkansas Advocates), and improve employee morale (Arkansas Advocates; Axel, 1985). Flexible options are often thought to ease work-family conflicts; however, Axel (1985) found little information exists to document these claims. Flexible scheduling may benefit parents of school-age children. Both parents would be able to arrange their work schedules to allow one parent to be home with the children before school, and the other would be home after school (Arkansas Advocates).

Flexible personnel policies do not offer the solution to the child care concerns of all working parents (Burud et al., 1984). Flexible options may also create supervision difficulties due to the wide variety of work schedules (Arkansas Advocates).

Parental leave. The Yale Bush Center Advisory Committee on Infant Care Leave has recommended that employees receive a leave of absence to allow mothers to recover from pregnancy and childbirth, and parents should be given time to care for their infants both newborn and adopted. The committee recommends a minimium, six-month leave which would provide partial income replacement (75% of

the salary), benfit continuation, and job protection (Infant Care Leave Policy, 1986).

Zigler and Muenchow (1983) recommend a similiar leave. They also advocate a six-month leave; a four week maternity leave before the birth of the child and a six week leave after the child's birth. This period would be fully paid. These 10 weeks would help the mother through the fatigue at the pregnancy's end and recovery after childbirth. After this 10 week period, either parent could use the remainder with parital pay. This time would allow the parents-infant relationship to start positively (Zigler & Muenchow, 1983). Parental leave would also reduce the need for infant care which is the most expensive form of child care.

A six-month leave would be costly. Zigler and Muenchow (1983) suggest financial support through state disability insurance programs. The Advisory Committee on Infant Care Leave suggest financing through manadory employee-employer contributions toward an insurance fund.

Making Child Care Decisions

Before selecting a child care option, employers must consider the management objectives, parents' needs, community .esources, and the range of options (Adolf & Rose, 1985; Burud et al., 1984). Burud described three major phases involved in the decision making process.

Table 2

Advantages and Disadvantages of Specific Child Care Options

The following lists the advantages and disadvantages of all child care options discussed. Each advantage and disadvantage has been assigned a numeral. The numerals are used to designate the item as being an advantage, a disadvantage, or not applicable to each child care option listed on the next page.

1=Productivity
2=Reduced absenteeism & tardiness
3=Increased morale
4=Public image
5=Employee retention & recruitment
6=Time with children
7=Reduced stress
8=Accommodates parents' schedules
9=Quality care
10=Shared costs and risks
11=Works well for multiple location companies
12=Reduced costs for parents
13=Meets parents' needs
14=Reduced costs for company
15=Care for ill children
16=Consistent caregiver
17=Utilization
18=Easy admission
19=Location
20=Administration involvement
21=Parents select care
22=Benefits all employees
23=Reduced employee taxes
24=Tax deductible business expense
25=Cost
26=Unmet parental needs
27=Lack of quality
28=Benefit unfair to others
29=Companies not fully in control of child care
30=Success determined by child care available in the community
31=Less publicity/company visibility
32=Less reliable
33=Caregiver recruitment
34=Employee supervision
35=Complexities of selecting benefit
36=Reduced retirement and social security benefits
37=Liability risk

Table 2

Advantages and Disadvantages of Specific Child Care Options

	Advantages	Disadvantages	Not Applicable
On-site center	1,2,3,4,5,6, 7,8,9,24	17,20,25,26, 37	10,11,14,21, 23,30,31,32, 34,35,36
Consortium center	1,2,3,4,5,8, 9,10,14,24	26,29	21,23,30,34, 35,36
Family day care homes	8,12,14,15, 16,19,24	27,31,32,33	6,10,23,34, 35,36
Child care for sick children	2,15,24	20,25	6,10,12,23, 34,35,36
Voucher	12,13,14,21, 24	27,28,30,31	6,8,10,17, 18,19,23, 32,34,35,36
Vendor	12,13,14,21, 24	25,26,29,30, 31	6,10,15,23, 34,35,36
Flexible benefits	12,14,22,24	20,35	6,8,10,15, 17,19,23, 25,28,33, 34,36,37
DCAP	12,13,14,21, 23,24	26,36	6,8,10,15, 17,19,25, 28,33,34, 35,37
Information & referral	11,13,20,21, 24	27,28,30	6,10,12,18, 19,23,34, 35,36

Table 2

Advantages and Disadvantages of Specific Child Care Options

	Advantages	Disadvantages	Not Applicable
Educational seminars	7,21,24	31	6,8,10,12, 15,16,18,19, 23,34,35,36
Flexible personnel policies	1,2,4,14,22	26,34	8,10,12,17, 18,19,23,24, 35,36,37
Parental leave	6,13,15	25	1,2,8,10,17, 18,19,20,21, 23,24,29,30, 32,33,34,35, 37

Establish a Task Force

The first phase involves establishing a task force. The task force should represent a cross-section of the workforce (Friedman, 1986b), and the purpose of the task force is to become familiar with parents' needs, child care systems, and the range of options available. The task force would also be responsible for clearly defining the corporate goals on which the information search should be based (Burud, et al., 1984). For example, if the company's goal is to contribute to the community and maintain a positive public image, the service to be offered should serve the community as well as the employees.

Conducting a Needs Assessment

The second phase of decision making is the needs assessment. The purpose of the needs assessment is to determine the number of families and children that will use the child care service and the type of service desired by those who will use it (B.A. Briggs, personal communication, November, 1987). A needs assessment questionnaire may be mailed or distributed at meetings. It is also possible to gain survey information over the telephone or through small discussion groups. Surveys can provide useful information concerning employee demographics, current child care arrangements, costs of existing care, family income level, factors important in selecting child care, relationship

between child care problems and absenteeism and tardiness, child care preferences, special needs, and anticipated child care needs (Employee Relations Bulletin, 1987). Management's input will influence the questions asked in the survey (Adolf & Rose, 1985). For example, if the company has ruled out the creation of an on-site center, questions about on-site centers should not be included. Adolf & Rose (1985) also suggested eliminating the question "What do you think you should pay for child care?" since the common response is "nothing." What parents can afford to pay is the point and according to Gwen Morgan (cited in Day Care Information Service, 1982), 10% of total family income is generally the maximium paid for child care. Questions concerning satisfaction about current child care arrangements are controversial. This author believes this question should be omitted since validity of the response could be questioned. Few parents would be expected to admit they have selected unsatisfactory care for their children. A sample needs assessment designed by the author is included in Appendix C.

Questionnaires are effective for gaining information on employee needs and preferences; however, a needs assessment should not be used to predict utilization of the service (Day Care Information Service, 1982; Friedman, 1986c).

Following the assessment of child care demands, the

child care supply should be assessed. Information on available community services helps: 1) to verify employees' perceptions of needed care to determine the gap between supply and demand; 2) to identify other organizations with whom services might be coordinated; and 3) to determine whether community families are in need of using the company service (Burud, et al., 1984). Burud et al. suggested acquiring this information through the local United Way, state licensing agency, or a local child care information and referral agency.

Analysis and Decision Making

The final phase involves considering all program alternatives, estimating the costs and benefits of each, identifying resources for each alternative, making a final selection, and evaluating the child care service (Burud et al., 1984).

Summary

Women with young children are being recruited into the labor force because of a worker shortage throughout the United States. Women are also working out of financial necessity. The mothers' presence in the labor force has created a need for child care services. To attract new workers, employers are beginning to use child care assistance as an employee inducement.

In addition to satisfying parents' child care needs,

companies who support child care benefit through increased productivity, morale, worker recruitment, public relations, publicity, employee satisfaction, commitment, and motivation. Employer-supported child care is also thought to decrease turnover, absenteeism, and tardiness.

Although on-site centers are the most familiar option, a variety of child care options exist. Because each option has advantages and disadvantages each company must consider its goals, parents' needs, and community resources in selecting the best child care option for its employees.

As the number of companies supporting child care increases, more and more companies will be motivated to become involved in child care assistance. To compete for employees, employers will have to offer child care assistance in the 1990's.

Appendix A

Effects Reported by Companies in the
National Employer-Supported Child Care Survey

Selected Benefits	Percentage of companies finding positive effects
Employee Morale	90%
Recruitment	85%
Public Relations	85%
Employee Work Satisfaction	83%
Publicity	80%
Attraction of New & Returning Workers	79%
Employee Commitment	73%
Turnover	65%
Employee Motivation	63%
Absenteeism	53%
Productivity	49%
Tardiness	36%

From Burud, Aschbacher, & McCroskey (1984).

Appendix B

Information for Information and Referral Services

Information kept on each child care facility

*provider name
*address, zip code
*ages of children served
*cost
*telephone number available
*contact person
*type of facility (day care center, nursery school, head start center, family day care, after school camp)
*program curriculum
*program focus (extended day programs, infant programs drop-in care)
*number of children served
*hours of operation
*special services (for handicapped or sick children, evening or weekend care, overtime)
*capacity
*whether licensed or registered
*special restrictions
*staff qualifications
*accreditation by professional organization (such as NAEYC)

Information kept on parents who contact the information and referral service

*parent name
*address, zip code
*telephone number
*number of children
*ages of children
*other demographic information (marital status, family income)
*hours and days of care needed
*special services needed
*preference for type of care
*special restrictions
*other job-related information (department, job status, etc.)

From Burud, Aschbacher, & McCroskey (1984)

Appendix C

Child Care Needs Assessment*

We would appreciate responses from all of you, even if you do not have children or do not have a need for child care.

1. Please tell us about your job.
   a. _____ part-time _____ full-time
   b. hours regularly scheduled to work _____
   c. regular work days: _____ Monday - Friday _____Other

2. What is your zip code? _____

3. Do you plan to have children in the next five years?
   _____ yes _____ no _____ undecided

4. During the past year has your work been more difficult or inconvenient when other employees had child care problems? (For example, you had to work overtime or your work was held up when others were at home with their children.)
   _____ not applicable
   _____ no effect
   _____ minor difficulty
   _____ moderate difficulty
   _____ major difficulty

If you do not have children 12 and under stop here. Please feel free to add comments and return the survey. Thank you for your help.

5. List the birthdays of your children 12 and under living with you:
   child #1 _____ child #2 _____ child #3 _____ child #4 _____

6. Do any of your children have any special handicapping conditions requiring attendance at a special school or program?
   _____ yes: ages_____ _____ no

7. What is the main method of care you now use for your children?

	Child #1	#2	#3	#4
Center-based child care	_____	_____	_____	_____
Family day care provider-- an unrelated person caring for a group of children in the provider's home	_____	_____	_____	_____
Unrelated person in your home	_____	_____	_____	_____
Relative in your home or theirs	_____	_____	_____	_____
Other	_____	_____	_____	_____

8. Rank your preferences from 1 to 4 for child care for each of your children. 1 should be used for your most perferred option and 4 for your least preferred option.

	Child #1	#2	#3	#4
Center-based child care	_____	_____	_____	_____
Family day care provider	_____	_____	_____	_____
Unrelated person in your home	_____	_____	_____	_____
Relative in your home or theirs	_____	_____	_____	_____

9. Where do you prefer child care
_____ near work _____ near home _____ other

10. Here are some common problem areas for working parents who need or use child care. Have you had problems in any of these areas in the past year? Please circle the number to indicate the level seriousness of each problem.

		No problem	Minor Problem	Moderate Problem	Major Problem
a.	cost of care	1	2	3	4
b.	convenience of location	1	2	3	4
c.	transporation	1	2	3	4
d.	schedule to match work & school	1	2	3	4
e.	quality of care	1	2	3	4
f.	availability of child care	1	2	3	4

		No problem	Minor Problem	Moderate Problem	Major Problem
g.	dependability of care	1	2	3	4
h.	finding care for sick child	1	2	3	4
i.	finding care for infant	1	2	3	4
j.	finding care for toddler	1	2	3	4
k.	finding care for preschool child	1	2	3	4
l.	finding care for school-age child	1	2	3	4
m.	finding care for special needs child	1	2	3	4

11. Who usually cares for you child when he/she is sick?
____self ____spouse ____regular caregiver ____other

12. How many times have you had to change your child care arrangements over the past two years?
____none ____once ____twice ____3 times ____more than 3

13. Approximately how many days have you been absent in the past year because of child care difficulties or because your child was ill? _____

14. Approximately how many days in the past year have you missed part of a day (e.g. arrived lated, left early, had significant interruption) due to child care difficulties? _____

15. What is the total amount you pay for child care for all children per month while you work? _____

16. What is your total family income before taxes? _____

Additional comments or suggestions.

Thank you for participating.

*This needs assessment was designed from information in Baden & Friedman (1981); Burud, Aschbacher, & McCroskey (1984); and Employer-supported child care: Options and implementation strategies(1989).

References

Adolf, B. & Rose, K. (1985). The employer's guide to child care. New York, NY: Praeger.

Arkansas Advocates for Children and Families. Employee benefits: New directions. Little Rock, AK: Author.

Auerbach, S. (1979). Confronting the child care crisis. Boston, MA: Beacon.

Axel, H. (1985). Corporations and families: Changing practices and perspectives (Report No. 868). New York, NY: The Conference Board.

Baden, C. & Friedman, D. (Ed.). (1981). New management initiatives for working parents. Boston, MA: Wheelock College.

Bloom, D. & Steen, T. (1988, August). Why child care is good business. American Demographics, 10.

Bredekamp, S. (Ed.). (1986). Accrediation criteria and procedures of the National Academy of Early Childhood Programs. Washington, DC: National Assocation for the Education of Young Children (NAEYC).

Bredekamp, S. (Ed.). (1987). Developmentally appropriate practice in early childhood programs serving children from birth through age eight (Expanded Ed.). Washington, DC: NAEYC.

Bureau of Labor Statistics. (1988). Handbook of Labor Statistics. Washington, DC: United States Department of Labor.

Bureau of National Affairs (1984). Employers and child care: Development of a new employee benefit. Washington, DC: Author.

Bureau of National Affairs (1986). Work and family: A changing dynamic Washington, DC: Author.

Burud. S., Aschbacher, P., & McCroskey, J. (1984). Employer-supported child care: Investing in human resources. Boston, MA: Auburn House.

Children's Defense Budget. (1988). A children's defense budget. Washington, DC: Author.

Day Care Information Service. (1982, March 15, 29). Employer-sponsored child care: A compendium of information (Part I & II). Special Reports

Dilks, C. & Croft, N. (1986). Child care: Your baby? Nation's Business, 74(12) 16-17, 20-22.

Emlen, A. & Koren, P. (1984). Hard to find and difficult to manage: The effects of child care on the workplace. Portland, OR: Portland State University, Regional Research Institute for Human Services.

Employee Relations Bulletin. (1987). Child care assistance: An idea whose time has come (Report No. 1636). Waterford, CT: Bureau of Business Practice.

Employer-supported child care: Options and strategies. (1989). Norfolk, VA: Old Dominion University, Center for Instructional Services.

Fernandez, J. (1986). Child care and corporate productivity. Lexington, MA: D.C. Heath & Company.

Friedman, D. (1983). Encouraging employer support to working parents: A report of the working parents project for the Carneige Corporation of New York. New York, NY: Center for Public Advocacy Research.

Friedman, D. (1985). Taking care of the kids: The corporate role in providing child care. PTA Today, 10(6), 11-13.

Friedman, D. (1986a). Child care for employees' kids. Harvard Business Review, 64(2), 4-8.

Friedman, D. (1986b). Child care makes it work: A guide to employer support for child care. Washington, DC: NAEYC.

Friedman, D. (1986c). National overview of employer-supported child care. New York, NY: The Conference Board.

Glasser, F. (1981). Helping working parents: Child care options for business (Report No. PS012630). Raleigh, NC: North Carolina Governor's Office, North Carolina Department of Administration. (ERIC Document Reproduction Service No. ED 214 626).

Godwin, A. & Schrag, L. (1988). Setting up infant care: Guidelines for centers and family day care homes. Washington, DC: NAEYC.

Immerwahr, J. (1984). Building a consensus on the child care problem. Personnel Administrator, 29, 31-32, 35-37.

Janeway, E. (1988). Child care, inc. In J.S. McKee & K.M. Paciorek (Eds.). Early childhood education (10th ed.). (pp. 32-35). Guilford, CT: Dushkin.

Kahn, A. & Kamerman, S. (1987). Child care: Facing the hard choices. Dover, MA: Auburn House.

Kamerman, S. (1980). Child care and family benefits: Policies of six industrialized countries. Monthly Labor Review, 103, 23-28.

Mayfield, M. (1985). Employer-supported child care in Canada. Unpublished manuscript, University of Victoria.

Miller, K. (1985). Ages and stages. Marshfield, MA: Telshare Publishing.

NAEYC. (1986). Investing in quality. Washington, DC: Author.

Quinn, J. (1988, February 15). A crisis in child care. Newsweek, pp. 57.

Rodriguez, R. (1983). How to judge your day care options. Personnel Administrator, 28(8), 41-44.

Singer, K. (1987, November 30). Panelists call for new consensus on child care. Adweek's Marketing Week, 28 p.30.

Staff. (1986, Winter). Infant care leave policy. The Networker, 1, 3.

Verzaco-Lawrence, M. LeBlanc, D. & Hennon, C. (1982). Industry-related day care: Trends and options. Young Children, 37(2), 4-10.

Whitebook, M. & Granger, R. (1989). Assessing teacher turnover. Young Children, 44(4), 11-14.

Zigler, E. & Muenchow, S. (1983). Infant day care and infant-care leaves. American Psychologist, 38, 91-94.

CHILD CARE ASSISTANCE: THE BENEFIT OF THE 1990's

by

TERRI L. BOYSEN

B.S., South Dakota State University, 1986

AN ABSTRACT OF A REPORT

submitted in partial fulfillment of the

requirements for the degree

MASTER OF SCIENCE

Human Development and Family Studies

KANSAS STATE UNIVERSITY
Manhattan, Kansas

1989

Abstract

More and more parents are working outside the home and need help in caring for their children. As employers begin to understand the demands of work and family, companies are seeking ways to meet parents' child care needs. Four major options exists to satisfy the child care demands. The four options are: 1) creation of new services; 2) provision of financial assistance; 3) provision of information; and 4) alteration of work schedules. In three national surveys of employers that provide child care services, company personnel believed the child care service to have had positive effects on a number of productivity measures. The company's goals, parents' needs, and community child care resources influence the child care option selected.